

LSEBN ODN Board (Main Group)
and
LSEBN Winter MDT meeting
Tuesday 12th December 2017

Notes

In attendance ODN Board:

- **David Barnes** Chair and Clinical Lead
- **Alexandra Murray** Stoke Mandeville
- **Jorge Leon-Vilapalos** Chelsea & Westminster
- **Simon Myers** Royal London Whitechapel
- **Ioannis Goutos** Royal London Whitechapel
- **Krissie Stiles** Network Lead Nurse
- **Rachel Wiltshire** Network Lead Therapist
- **Michael Wiseman** Network Informatics Lead
- **Gary Slegg** NHS England (London)
- **Richard McDonald** NHS England (M&East)
- **Pete Saggars** LSEBN Network Manager

Apologies from:

Lisa Williams; Baljit Dheansa; Kat Young; Sarah Tucker; Rob Hodgkiss

1 Chairs Introduction

DB began the meeting and welcomed everyone. There have been a large number of apologies, mainly due to clinical commitments and/or the severe weather in the previous 24 hours.

2 Notes of the previous meeting

The notes of the meeting held in September were accepted.

3 Actions and matters arising

- **Burns Facilities** (RLH Whitechapel)
PS noted the progress made at recent meetings between the service leads and the commissioners at NHS England. The most recent meeting had taken place the day before the ODN Board and a further meeting will be held in January. DB commented that whilst the development of the facility in Whitechapel would impact on the activity at St Andrews, the impact and benefits to patients were evident. It was also noted that the emerging service at RLH would grow in the future, with the capacity to act as a step-down facility for patients initially treated at St Andrews. RW commented that the development of the burns therapy service would also mean that post-acute patients would be able to have their on-going rehabilitation and therapy treatments at the RLH service. BD urged all parties to move quickly on the development and to ensure that the service was up and running as soon as possible.
- **TRIPS telemedicine**
There had been some discussion at the September meeting about potential external financial support for the development of the TRIPs system, but it has become likely that nothing will be available for the scheme through this route. The group discussed the installation of the system into RLH. The TRIPs system should be available as a “hub”, enabling the burns team to reduce inappropriate referrals from EDs in the RLH trauma network. The group also discussed more generally the subject of telemedicine, asking if TRIPs was the most modern technology and whether mobile apps / WhatsApp might provide a better system. Whilst no decision was reached, the subject will be placed on the agenda for the next meeting for a broader discussion.
- **EPRR Mass Casualties and Major Incidents**
PS noted that that national ConOps document has been published by NHS England. The burns annex has not been formally published but must be operationalised immediately.

4 **LSEBN Finance**

2017-2018 Budget Statement

A budget position (income and expenditure) was made available to ODN members. PS offered thanks to the Chelsea & Westminster finance team for their efforts and assistance in providing the analysis which now only includes expenditure related to the ODN team. The analysis has been redacted to exclude the details of individual members of staff. PS explained that the budgets had been set in May 2017 and a number of errors are now evident. The erroneous values mainly relate to overestimated staff costs. Following a series of meetings with the ChelWest finance lead, PS expressed confidence in the expenditure figure for both year-to-date and the forecast out-turn position. The year-end forecast is for a surplus against the budget of £36,000.

The group discussed how this amount might be utilised, proposing that in principle, the funds ought to be aimed at educational / network projects. Educational schemes should aim to upskill staff, such as an extension of the steroid injection courses supported in 2016-2017. There was some discussion about developing a TRIPs smart-phone app. The principles agreed were that the funding should be made available to services in 2017-2018 for the following areas:

- Education and training topics that are not part of the normal day-to-day subjects;
- Specialist treatments;
- Specialist training;
- Bursary funding.

It was agreed that a further discussion would be held during the afternoon MDT meeting, immediately after the ODN Board.

2016-2017 service improvements

PS also reminded ODN members about the funding agreed in last year's underspend. An amount was provided to the BBA for EMSB courses. This will also be discussed at the MDT meeting later.

5 **LSEBN Strategic Vision Statement**

DB introduced the report outlining the strategic future for the burns network. The report had been compiled through discussions with each of the principle burns units / centres and this produced a considerable number of consistent messages about the future configuration for burns. The report is intended to set out some of the key challenges faced by the LSEBN and to look to the future, based on what we know now, considering what a model of care could be on the assumption that:

- The network model focused on priorities and the best care for patients, and;
- Was appropriately funded.

The key points of the report are:

- Prehospital care needs to be more consistent, removing the many variations currently experienced. This would include improvements in assessment and prompt transfers to tertiary services.
- Paediatric burn care has seen a decline in the number of severe cases, making it essential that paediatric services are co-located with adult burn centres and Major Trauma Centres.
- Adult burn services are facing increased challenges from the elderly population and an increase in access to outreach care is a priority. Access to geriatric medicine in burn care should also be improved.
- Rehabilitation should focus on the model of hub / spoke and outreach.
- Research and education should be supported by commissioners and funded where there is an opportunity to improve care and outcomes.

To summarise the report, DB said that should burn services be reconfigured in the London and South East burns network, the consensus opinion of service clinicians in the network, was that centre-level adult and children's burns must be co-located on a single site with a Major Trauma Centre.

Action

- ❖ ***The Strategic Vision statement will be circulated to:***
 - ***all burns services in the LSEBN***
 - ***all NHS England commissioning leads for London, South and Midlands & East, and;***
 - ***the Major Trauma Clinical Reference Group***
 - ***Clinical leads and network managers for the North, Midlands and SWUK burns networks.***

6 **National Burns ODN Group**

The draft terms of reference and outline of the governance arrangements for the national burns ODN group were circulated to members. Network clinical leads and managers are meeting in February 2018 to agree the role of the group and a national work programme for 2018. Further details will be shared with ODN members after that meeting. The NBODNG is currently supporting two important national work streams. These are:

- National Mortality Audit
- Burns Standards Review (in collaboration with the BBA)

7 **Burn Standards Review Group (BSRG)**

PS gave a short progress update. The BSRG has held two meetings and progress is being made to prioritise the essential standards of care and outcomes. A third meeting is due to be held in January 2018.

8 **Paediatric Burns Review**

PS gave a short progress update. The previously announced paediatric burns review has recently been subject to a “change of direction”. Confirmed in email correspondence from the review Chair, Dr Michael Marsh, the review group has been asked to develop a service specification for paediatric burn services. This new objective coincides with the work of the Standards Review Group and in other correspondence, Dr Chris Moran (Trauma CRG Chair) has been advised of the concerns of the BSRG that the paediatric review work is not currently aligned with the wider standards review.

Action

- ❖ ***PS to write again to Chris Moran to ask for clarification on the work of the paediatric review and alignment to the wider Burns Standards Review Group.***

Due to timing, no other issues were discussed at today’s meeting.

Date of next meeting(s)

- ❖ Wednesday 28th March 2018 (10.30-12.30) – **ODN Core Group**

- ❖ NEW DATE
Thursday 14th June 2018 (09.00-10.30) – **ODN Main Group**

- ❖ NEW DATE
Thursday 14th June (10.45) – **LSEBN Network M&M Audit**

**LSEBN Winter MDT meeting
Tuesday 12th December 2017**

Presentations made at the meeting.

- 1 **Major and Mass Casualty Incidents** *Pete Siggers*
Attachment 01
PS gave a short presentation on the new NHS England documents for managing major incidents. The new national Mass Casualty plan has a specialised burns annex. The annex covers aspects of the response plan that are different for burns. The main document has been formally published by NHS England. The annex remains a draft document but will be operationalised immediately.

- 2 **Children's Burn Club and The Tree of Life** *Martin Palmer
Katherine Nutt*
Attachments 02a and 02b
MP and KN provided a briefing on the work of the Children's Burn Club, hosted by the St Andrews burns service. MP described how the Children's Club and Burn Camp have evolved in the last three years. KN gave a presentation on the "Tree of Life" toolkit, used to provide narrative therapy sessions.

- 3 **Network and National M&M Audit template 2018** *Pete Siggers*
Attachment 03
PS presented the final versions of the audit templates. A number of new slides are included this year, including a requirement for service to present all cases that have been subject to a Serious Incident inquiry.

- 4 **Facility-Level Burns** *Alexandra Murray*
Attachment 04
AM gave a short presentation on the collaborative working between the facility at John Radcliffe Hospital and the established burns unit at Stoke Mandeville.

- 5 **Acid attacks** *Alex Armstrong
(SpR Burns &
Plastics at Stoke
Mandeville)*
Attachment 05
AA gave a presentation on the topic of acid burns and acid attacks. The number of reported incidents has risen dramatically in recent years, attracting significant medial and political interest. It was noted by a number of clinicians that the increased number of cases has not translated directly into referrals.

Martin Palmer said that he had recently attended a conference about Contextual Safeguarding, especially gang culture and peer on peer abuse. MP noted that there are organisations that may be interested in researching acid attacks or might already be doing so. MP has provided the following weblinks:

<https://www.beds.ac.uk/howtoapply/departments/appliedsocialstudies/staff/institute-of-applied-social-research-staff/carlene-firmin>

<http://www.msunderstood.org.uk/>

<https://contextualsafeguarding.org.uk/about/the-contextual-safeguarding-network>

There was also mention of the potential for sponsorship or support for research. MP noted that there is a law firm with close links to the Centre for Social Justice and the Rt Hon. Iain Duncan Smith. They may be worth approaching. MP provided the following weblinks:

<https://www.farrer.co.uk/how-we-help/Child-Protection/>

<https://www.centreforsocialjustice.org.uk/>

After the presentation, the group discussed a number of issues including:

- The potential for an education scheme, aimed at children and young people;
- The potential need for a process review and response from the burns network. It was agreed that this should be included in the SNF work plan for 2018.

6 Network Therapy Group

Rachel Wiltshire

Attachment 06

RW gave a presentation on the work of the network therapy group, showing the progress made during 2017 and plans for 2018-2019.

7 Network Informatics Group

Michael Wiseman

Attachment 07

MW gave a presentation on the work of the network informatics group, showing the progress made during 2017 and plans for 2018-2019.

8 Senior Nurse Forum

Krissie Stiles

KS gave a verbal update on the work of the SNF, with 2017 highlights being the documentation and information leaflets completed and published on the LSEBN website. KS reported an increase in demand from ED / A&E services for more help with early management of minor burns, with mention of more specialised and specific advice about the location of the injury (eyes, swallowed liquid, etc.). On the subject of outcomes, KSE noted that the SNF is working on a new model for wound care, with new wound management guidelines.

9 Other issues

Due to timing, a number of issues carried forward from the main ODN meeting were not discussed. These included:

Burns Facility Audit:

An audit template has been developed for the two new burns facilities (Oxford and Whitechapel). These will be circulated with a separate note.

LSEBN Finance:

It was intended that the MDT meeting would discuss the utilisation of the network budget surplus for 2017-2018. A number of potential uses were discussed at the morning main ODN meeting but no firm agreement was reached. It was also intended that the MDT meeting would discuss the utilisation of the funding made available to the BBA for EMSB courses.

Action

- ❖ **Regarding the 2017-2018 surplus and the BBA / EMSB funding, PS to write and circulate by 12th January 2018, a short options paper for local discussion and comments.**